



Automated Medical Payments

Medicaid Bulletin

Colorado Title XIX

Fiscal Agent



600 Seventeenth Street
Suite 600 North
Denver, CO 80202

Medicaid Provider Services

303-534-0146
1-800-237-0757

Mailing Addresses

Claims & PARs
P.O. Box 30
Denver, CO 80201-0030

Correspondence, Inquiries & Adjustments

P.O. Box 90
Denver, CO 80201-0090

Provider enrollment, Provider information, Changes, Signature authorization, and Claim requisitions

P.O. Box 1100
Denver, CO 80201-1100

Medicaid Fiscal Agent Information on the Internet

<http://coloradomedicaid.acs-inc.com>

Medicaid bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medicaid Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

Please direct questions about bulletins and billing information to Medicaid Provider Services.

Distribution: Orthodontists

July 2003

Reference: B0300160

Orthodontic Program to Serve Children with Handicapping Malocclusions

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Special points of interest:

Simplified authorization process

Maximum reimbursement rates for orthodontics unchanged

Full payment made at the start of orthodontic treatment

Important:

Medicaid will accept orthodontic Claims and PARs starting August 1, 2003.

Please read changes carefully

Please direct questions to Medicaid Provider Services

303-534-0146 or 1-800-237-0757 (toll free Colorado)

This document only contains information about services an orthodontist is likely to use in the treatment of a handicapping malocclusion

For information about other dental services not listed in this bulletin please see the December 2002 Medicaid bulletin # B0200146.

Please share this bulletin promptly with your billing staff as it contains important policy and billing information, supplementing information in the Medicaid Dental Provider Manual. The Colorado Department of Health Care Policy and Financing developed the content and policies.

Handicapping malocclusion

The conditions under which a client can qualify as having a handicapping malocclusion and receive comprehensive orthodontic treatment reimbursed by the Colorado Medicaid program remains unchanged. Orthodontic treatment for handicapping malocclusion is a benefit only when the client's condition is the result of accident or injury, congenital dentofacial malformations, medical conditions, severe skeletal condition or discrepancy. Orthodontists will find a greater emphasis on the skeletal aspect of the client's condition compared to past evaluation reviews.

Orthodontic benefits

This bulletin contains a revised list of orthodontic procedures that are benefits for Colorado Medicaid clients who qualify as having a handicapping malocclusion, effective August 1, 2003. These benefits are only available to children from birth through age 20. Clients are no longer eligible for these benefits once they reach age 21. The dental codes in this bulletin are current ADA codes. Please refer to the ADA publication [Current Dental Terminology 4](#) for detailed code information, clarification, and appropriate utilization.

- All dental providers are required to utilize ADA dental codes.
- Dental providers may not use CPT medical and surgical codes.
- 1994 or 1999 ADA claim forms are accepted for Prior Authorization Requests (PARs) and claims.

Initial Orthodontic examination and records

Orthodontists may develop orthodontic records for any Medicaid client, age birth through age 20, that they believe is likely to qualify as having a handicapping malocclusion. Adult Medicaid clients, age 21 and older, may not receive orthodontic examination or records. Initial orthodontic examination and records services for children under age 21 do not require prior authorization approval. Simply verify the client's Medicaid eligibility, provide the evaluation, diagnostic, and radiographic services that you determine are appropriate to fully diagnose your patient's condition. Then send in a dental claim to the Medicaid fiscal agent. Please note that only the services listed in this bulletin are Medicaid benefits. Orthodontic services not listed in this bulletin are not a benefit. Medicaid does not reimburse separately for case presentations or consultation with the client, parent or guardian.

Orthodontic services that are not a benefit for Medicaid clients

Orthodontists may use a wide range of services in the diagnosis, evaluation and treatment of orthodontic cases. Medicaid is not able to pay for all types of services that could possibly be used. The following services are not a separately billable Medicaid benefits. If you question whether or not a service is a benefit, please contact Medicaid Provider services before rendering care.

- Cephalometric tracing
- Cephalometric analysis
- Computerized cephalometric analysis
- Specialized cephalometric analysis
- Articulation of diagnostic casts
- Special preparation of orthodontic models

Prior Authorization Request

The former multiple step process of first determining a client's qualification as a handicapping malocclusion and then separately reviewing the orthodontist's proposed treatment has been simplified. It is now a single step process referred to as a Prior Authorization Request (PAR). In other words, providers will make a single submission that will determine if the client qualifies as having a handicapping malocclusion and if the proposed orthodontic treatment is approved or denied. Procedures that require Prior Authorization Request have a "Yes" indicator in the "PAR required" column.

Important? Approval of a PAR does not guarantee Medicaid payment. Authorization only assures that the approved service, as identified on the PAR, is a medical necessity and is considered a benefit of the Medicaid program. All claims, including those for prior authorized services, must meet eligibility and claim submission requirements (e.g., timely filing, third party resource payments pursued, required attachments included etc.) before payment can be made. Claims not in compliance with documentation and billing requirements may be denied or subject to recovery.

Important? Providers must verify Medicaid eligibility for each client before rendering any orthodontic or dental service.

PAR - paper submission

At the present time orthodontists need to submit a PAR on paper for the orthodontic services listed in this bulletin. Providers should complete the Handicapping Malocclusion Assessment and attach it to a 1994 or 1999 ADA dental claim form that lists a proposed ADA dental procedure code for orthodontic treatment. The Handicapping Malocclusion Assessment is found at the end of this bulletin. You are free to copy and use it as needed. No models, radiographs, or other attachments are needed for most PAR reviews. Each orthodontic procedure listed on the ADA claim form is either approved (A) or denied (D). Denied PARs are given a specific denial reason, such as; D17? condition does not qualify as a handicapping malocclusion.

Web Note? The Handicapping Malocclusion Assessment is also found on the ACS Medicaid website.

Web Note? The fiscal agent's Medicaid website address is <http://coloradomedicaid.acs-inc.com>.

Web Note? Do not preface the fiscal agent's Medicaid website address with "WWW".

Web Note? In the website, click on **Provider Services**, then on **Forms**.

Important? Orthodontists must check a category of handicapping malocclusion, located in the shaded row near the top of the assessment, in order to receive a PAR review. PARs will be denied if there is no check mark in any of the categories on the Assessment.

Important? Orthodontists must check a Yes or No to indicate if planned orthodontic treatment is being done in preparation for corrective jaw surgery. This certification is located in the shaded row near the bottom of the assessment. PARs will be denied if there is no check mark in this area.

Important? Urgent PARs for situations such as authorization to construct a replacement retainer can be sent by FAX. Please call the fiscal agent for the most current phone number for FAX submission of an urgent PAR.

Mailing address for PARs

Claims & PARs

P.O. Box 30

Denver, CO 80201-0030

PAR - electronic submission for orthodontic treatment services

Electronic PAR submission for orthodontic treatment procedures is not available at this time. Information about future electronic PAR submission for orthodontic treatment procedures will be sent to providers when the service becomes available.

PAR - effective dates

PARs have what Medicaid refers to as "span dates." These are the dates for which the PAR is effective. You will receive written notification of the approval or denial of your PAR. Included in this notification will be the effective date and end date of the PAR. Most PARs will have a 6-month period between the effective date and end date of the PAR. Under no circumstances will the PAR be valid after the client reaches the age 21. In order to be reimbursed for approved orthodontic services, the date of service on your claim must be within approved span dates on the PAR. Should the start of Orthodontic treatment be delayed for any reason past the end date of your PAR, you must re-submit the PAR and receive a new approved PAR before starting treatment.

Re-submission of a denied PAR

If an Orthodontic provider feels that a PAR was reviewed incorrectly or in error, the denied PAR can be submitted a second time. If you re-submit a PAR for a second review please include, in addition to the 1994 or 1999 ADA claim form and Handicapping Malocclusion Assessment; models with bite registration, Panorex, Cephalometric film - tracing - analysis and include a narrative report describing how the case meets the requirements of a handicapping malocclusion.

Orthodontic care in preparation for corrective jaw surgery

Orthodontic care in preparation for corrective jaw surgery is a Colorado Medicaid program benefit. Medicaid oral surgery providers are required to obtain Prior Authorization Request approval for orthognathic surgery procedures before rendering services.

Claims - electronic submission

Orthodontic providers may submit electronically, but are not required to do so. Please contact Medicaid provider services for electronic claims submission requirements.

Claims - paper submission

Claims submitted on paper must use the 1994 or 1999 ADA dental claim form. Any other type of dental claim form will be returned to the orthodontic provider without processing the claim. Completion of the claim form is as per ADA directions. The most significant areas and areas that are different form normal claims submission are listed below.

- Medicaid billing provider number
- Medicaid client ID
- Dental license number – **Must Be** ? Substituted ? with your individual eight-digit Medicaid rendering ID number

Mailing address for claims

Claims & PARs

P.O. Box 30

Denver, CO 80201-0030

Claims - when to file for orthodontic treatment

Orthodontists should bill their usual charge for orthodontic services after initial appliances have been placed. Medicaid normally pays Orthodontic claims at the start of care. The orthodontist can file a claim for orthodontic treatment after receiving an approved PAR letter in the mail and after placement of the initial appliances for the orthodontic procedure. Billing for orthodontic services must always fall on or between the *Effective date and End date* of the PAR. We recommend that orthodontists always re-check Medicaid client eligibility before starting a service, even with an approved PAR.

Early Termination of care

If for reasons of patient non-compliance, or any other reason, orthodontic care needs to be terminated please contact the Colorado Department of Health Care Policy and Financing, Acute Care Benefits Section for directions on refunding a fair and reasonable portion of the total Medicaid payment made at the start of care. Transfer of a Medicaid orthodontic case to any orthodontist who is not a current Colorado Medicaid provider is considered by Medicaid to be early termination of care.

Transfer of a Medicaid client to another Colorado Medicaid Orthodontic provider

If a client needs to be transferred to another Colorado Medicaid orthodontist, we recommend that you contact Colorado Department of Health Care Policy and Financing, Acute Care Benefits Section (303-866-2993) for directions on refunding a fair and reasonable portion of the total Medicaid payment made at the start of care. The provider that intends to assume responsibility for continuation of the case should send in a PAR using code D8999 and explain the amount of care completed to date as a percentage of total care and the amount of care remaining as a percentage of total care. We recommend the orthodontist intending to assume care first receive PAR approval before accepting responsibility for care or formally transferring the case. The orthodontist who started care should maintain the orthodontic patient as a patient of record until the new orthodontist confirms in writing that PAR approval has been received for continuation of care.

Lost appliance or retainer

The loss or breakage of an appliance is an inevitable part of orthodontic care. Medicaid will reimburse you separately for significant repairs or replacements to appliances. Generally, repairs that can be made at chair side or within the office laboratory during the scheduled appointment cannot be separately billed from the global orthodontic fee paid at the start of treatment. Use either code D8691 repair of orthodontic appliance, or D8692 replacement of lost or broken orthodontic appliance. You will need to obtain prior authorization approval from Medicaid for these codes.

Important ? new retainers or appliances that need to be constructed due to client growth or change in treatment cannot be billed separately.

Lost or damaged bands, brackets, wires, headgear

The Medicaid program does not reimburse orthodontic providers to repair or replace bands, brackets, wires, headgear, nor any other device normally associated with routine orthodontic care.

Missed appointments

The Medicaid program does not reimburse for missed appointments.

Thank you

The Colorado Medicaid program would like to express our sincere thanks to all Colorado orthodontists who serve Medicaid clients. Your patients and the Colorado Department of Health Care Policy and Financing sincerely appreciate your dedication and contribution.

Children with a Handicapping Malocclusion

Orthodontic care must be started before the Medicaid client's 21st birthday

Orthodontic procedure codes

Orthodontic treatment codes D8010 - D8090 are considered to be global codes.

Included

Placement of appliances

- Cementation of bands
- Bonding of brackets
- Wires
- Auxiliaries
- Intra-oral appliances
- Extra-oral appliances
- Adjustment of appliance

Retainers

- Models for construction
- Fabrication, on site or off site locations
- Placement
- Adjustment
- Minor in-office repairs to retainer
- Re-cementation or re-bonding of a retainer

Maintenance of appliances

- All urgent and emergency care for maintenance of orthodontic appliances

Completion of care

- Completion of care through and including the retention phase

Not included, may be separately billed

Replacement of lost or severely damaged retainers

Children with a Handicapping Malocclusion

Orthodontic care must be started before the Medicaid client's 21st birthday

Orthodontic and dental procedure codes

Refer to ADA publication Current Dental Terminology, Fourth edition, CDT 4 for complete description and appropriate utilization of these codes.

ADA Code column

We have included ADA codes that orthodontists are likely to bill in the treatment of a handicapping malocclusion. Additional dental procedures that can be billed by orthodontists are included in the December 2002 Medicaid dental bulletin # B0200146.

PAR Required column

- **No** = PAR approval **is not** required before starting and billing the service
- **Yes** = PAR approval **is** required before starting and billing the service

Description column

- ADA descriptions for ADA codes

Maximum Reimbursement Rate column

- \$ = Medicaid pays orthodontic providers their usual and customary charge up to the fixed maximum reimbursement rate listed for each procedure.
- Pricing by Review = Medicaid does not have a fixed maximum reimbursement rate for these procedures. Providers should bill their usual charge. Procedures "Priced by Review" are individually assessed for appropriate reimbursement on a case-by case basis.

CLINICAL ORAL EVALUATIONS			
ADA code	PAR Required	Description	Maximum reimbursement rate
D0140	No	limited oral evaluation - problem focused	\$23.00
D0150	No	comprehensive oral evaluation - new or established patient	\$26.00
D0160	No	detailed and extensive oral evaluation problem focused, by report	\$34.00
D0170	No	Re-evaluation-limited, problem focused (established patient; not a post operative visit)	\$17.00

RADIOGRAPHS and DIAGNOSTIC IMAGING			
ADA code	PAR Required	Description	Maximum reimbursement rate
D0210	No	intraoral - complete series (including bitewings)	\$48.00
D0220	No	intraoral - periapical first film	\$10.00
D0230	No	intraoral - periapical each additional film	\$7.00
D0240	No	intraoral - occlusal film	\$15.00
D0250	No	extraoral - first film	\$18.00
D0260	No	extraoral - each additional film	\$18.00
D0270	No	bitewing - single film	\$7.00

Children with a Handicapping Malocclusion

Orthodontic care must be started before the Medicaid client's 21st birthday

ADA code	PAR Required	Description	Maximum reimbursement rate
D0272	No	bitewings - two films	\$16.00
D0274	No	bitewings - four films	\$23.00
D0290	No	posterior-anterior or lateral skull & facial bone survey film	\$19.00
D0320	No	temporomandibular joint arthrogram, including injection	\$242.00
D0321	No	other temporomandibular joint films, by report	Pricing by Review
D0322	No	tomographic survey	\$72.00
D0330	No	panoramic film	\$43.00
D0340	No	cephalometric film	\$35.00
D0350	No	oral/facial images (includes intra and extraoral images)	\$21.00

TESTS and LABORATORY EXAMINATIONS

ADA code	PAR Required	Description	Maximum reimbursement rate
D0470	No	diagnostic casts → code includes both maxillary and mandibular casts	\$34.00

SPACE MAINTAINERS

ADA code	PAR Required	Description	Maximum reimbursement rate
D1510	No	space maintainer - fixed - unilateral	\$104.00
D1515	No	space maintainer - fixed - bilateral	\$149.00
D1520	No	space maintainer - removable - unilateral	\$116.00
D1525	No	space maintainer - removable - bilateral	\$160.00
D1550	No	recementation of space maintainer	\$19.00

LIMITED ORTHODONTIC TREATMENT

ADA code	PAR Required	Description	Maximum reimbursement rate
D8010	Yes	limited orthodontic treatment of the primary dentition	\$850.00
D8020	Yes	limited orthodontic treatment of the transitional dentition	\$1,100.00
D8030	Yes	limited orthodontic treatment of the adolescent dentition	\$1,350.00

Children with a Handicapping Malocclusion

Orthodontic care must be started before the Medicaid client's 21st birthday

INTERCEPTIVE ORTHODONTIC TREATMENT			
ADA code	PAR Required	Description	Maximum reimbursement rate
D8050	Yes	interceptive orthodontic treatment of the primary dentition	\$800.00
D8060	Yes	interceptive orthodontic treatment of the transitional dentition	\$1,000.00

COMPREHENSIVE ORTHODONTIC TREATMENT			
ADA code	PAR Required	Description	Maximum reimbursement rate
D8070	Yes	comprehensive orthodontic treatment of the transitional dentition	\$2,400.00
D8080	Yes	comprehensive orthodontic treatment of the adolescent dentition	\$2,700.00
D8090	Yes	comprehensive orthodontic treatment of the adult dentition	\$3,000.00

OTHER ORTHODONTIC TREATMENT			
ADA code	PAR Required	Description	Maximum reimbursement rate
D8660	No	pre-orthodontic treatment visit	\$25.00
D8691	Yes	repair of orthodontic appliance	Pricing by Review
D8692	Yes	replacement of lost or broken retainer	Pricing by Review
D8999	Yes	unspecified orthodontic procedure, by report	Pricing by Review

Handicapping Malocclusion Assessment

section 1

Attach this report to a completed PAR using a 1994 or 1999ADA dental claim form

Medicaid client	Medicaid ID	Date of Birth	Age in years and months	Sex	Ethnicity

<input type="checkbox"/> Accident	<input type="checkbox"/> Injury	<input type="checkbox"/> Congenital Dentofacial Malformation	<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Severe Skeletal Condition or Discrepancy	<input type="checkbox"/> Required entry check a category of handicapping malocclusion and describe in section 2
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? These two columns for Medicaid administration ?

Case type Class 1	Yes	No	1				
Case type Class 2 Div 1	Yes	No	2				
Case type Class 2 Div 2	Yes	No	3				
Case type Class 3	Yes	No	4				
Cephalometric ANB measurement			5				
Significant vertical skeletal problem	Yes, describe	No	6				
Significant transverse skeletal problem	Yes, describe	No	7				
Other significant skeletal problem	Yes, describe	No	8				
Right 1 st permanent molar relationship	Full	Partial	Class 1	Class 2	Class 3	9	
Left 1 st permanent molar relationship	Full	Partial	Class 1	Class 2	Class 3	10	
Maxillary arch	Crowding in mm		Spacing in mm		11		
Mandibular arch	Crowding in mm		Spacing in mm		12		
Open bite	Measured in mm				13		
Incompetent lips in centric occlusion	Yes	No	14				
Lower incisors physically contact soft palate tissues	Yes	No	15				
Dental over jet	Measured in mm				16		
Dental over bite	Measured in mm				17		
Anterior crossbite	Yes	No	Partial	End-End	Complete	18	
Anterior crossbite with teeth blocked out of the arch	Yes, describe		No		19		
Anterior crossbite with periodontal problem	Yes, describe		No		20		
List tooth numbers of anterior teeth in cross bite					21		
Posterior unilateral crossbite	Yes	No	Functional shift	Yes	No	22	
Posterior bilateral crossbite	Yes	No	Functional shift	Yes	No	23	
List tooth numbers of posterior teeth in cross bite					24		
Other significant orthodontic or dental problem	Yes, describe		No		25		
					Total		

? Completion of section 2 is required

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Planned orthodontic treatment is being done in preparation for corrective jaw surgery	<input type="checkbox"/> Required entry check Yes or No
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Handicapping Malocclusion Assessment | section 2 | Attach this report to a completed PAR using a 1994 or 1999ADA dental claim form

Use the area below for additional Orthodontic provider comments. Completion of this assessment and a 1994 or 1999 ADA claim form is the only requirement for review of an orthodontic case. The orthodontist may also submit any other orthodontic records or information such as models, radiographs, images, medical history or reports.

Orthodontist name (print)	Medicaid provider number	Date